

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,586,215.83

**Gross Claim \$2,586,215.83**

**Net Claim / Payment Amount \$2,586,215.83**

**YTD Amount: \$38,374,914.99**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 65,932.14

**Gross Claim \$65,932.14**

**Net Claim / Payment Amount \$65,932.14**

**YTD Amount: \$978,317.60**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 118,681.33

**Gross Claim \$118,681.33**

**Net Claim / Payment Amount \$118,681.33**

**YTD Amount: \$1,761,023.15**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 219,129.74

**Gross Claim** **\$219,129.74**

**Net Claim / Payment Amount** **\$219,129.74**

**YTD Amount:** **\$3,251,501.70**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      422,999.72

**Gross Claim**      **\$422,999.72**

**Net Claim / Payment Amount**      **\$422,999.72**

**YTD Amount:**      **\$6,276,575.23**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 128,328.02

**Gross Claim** **\$128,328.02**

**Net Claim / Payment Amount** **\$128,328.02**

**YTD Amount:** **\$1,904,163.07**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      106,862.42

**Gross Claim**      **\$106,862.42**

**Net Claim / Payment Amount**      **\$106,862.42**

**YTD Amount:**      **\$1,585,651.27**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,642,845.24

**Gross Claim \$1,642,845.24**

**Net Claim / Payment Amount \$1,642,845.24**

**YTD Amount: \$24,376,947.04**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      112,482.73

**Gross Claim**      **\$112,482.73**

**Net Claim / Payment Amount**      **\$112,482.73**

**YTD Amount:**      **\$1,669,046.77**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 293,989.31

**Gross Claim \$293,989.31**

**Net Claim / Payment Amount \$293,989.31**

**YTD Amount: \$4,362,286.71**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,778,855.18

**Gross Claim \$1,778,855.18**

**Net Claim / Payment Amount \$1,778,855.18**

**YTD Amount: \$26,395,096.45**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 113,090.66

**Gross Claim** **\$113,090.66**

**Net Claim / Payment Amount** **\$113,090.66**

**YTD Amount:** **\$1,678,067.43**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 260,889.87

**Gross Claim** **\$260,889.87**

**Net Claim / Payment Amount** **\$260,889.87**

**YTD Amount:** **\$3,871,148.95**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 359,417.62

**Gross Claim \$359,417.62**

**Net Claim / Payment Amount \$359,417.62**

**YTD Amount: \$5,333,128.22**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 76,276.40

**Gross Claim \$76,276.40**

**Net Claim / Payment Amount \$76,276.40**

**YTD Amount: \$1,131,808.20**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      1,535,226.69

**Gross Claim**      **\$1,535,226.69**

**Net Claim / Payment Amount**      **\$1,535,226.69**

**YTD Amount:**      **\$22,780,076.22**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 302,019.66

**Gross Claim \$302,019.66**

**Net Claim / Payment Amount \$302,019.66**

**YTD Amount: \$4,481,443.05**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 149,630.96

**Gross Claim** **\$149,630.96**

**Net Claim / Payment Amount** **\$149,630.96**

**YTD Amount:** **\$2,220,261.48**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 112,660.56

**Gross Claim** **\$112,660.56**

**Net Claim / Payment Amount** **\$112,660.56**

**YTD Amount:** **\$1,671,685.39**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 20,650,156.06

**Gross Claim** **\$20,650,156.06**

**Net Claim / Payment Amount** **\$20,650,156.06**

**YTD Amount:** **\$306,412,162.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 316,323.07

**Gross Claim \$316,323.07**

**Net Claim / Payment Amount \$316,323.07**

**YTD Amount: \$4,693,680.55**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      409,800.86

**Gross Claim**      **\$409,800.86**

**Net Claim / Payment Amount**      **\$409,800.86**

**YTD Amount:**      **\$6,080,727.23**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 76,861.92

**Gross Claim** **\$76,861.92**

**Net Claim / Payment Amount** **\$76,861.92**

**YTD Amount:** **\$1,140,496.35**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 182,040.78

**Gross Claim** **\$182,040.78**

**Net Claim / Payment Amount** **\$182,040.78**

**YTD Amount:** **\$2,701,166.53**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 532,241.83

**Gross Claim \$532,241.83**

**Net Claim / Payment Amount \$532,241.83**

**YTD Amount: \$7,897,536.87**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 71,678.95

**Gross Claim** **\$71,678.95**

**Net Claim / Payment Amount** **\$71,678.95**

**YTD Amount:** **\$1,063,590.15**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 74,756.20

**Gross Claim \$74,756.20**

**Net Claim / Payment Amount \$74,756.20**

**YTD Amount: \$1,109,251.19**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 847,734.32

**Gross Claim \$847,734.32**

**Net Claim / Payment Amount \$847,734.32**

**YTD Amount: \$12,578,893.13**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 243,538.85

**Gross Claim \$243,538.85**

**Net Claim / Payment Amount \$243,538.85**

**YTD Amount: \$3,613,690.17**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 199,331.81

**Gross Claim \$199,331.81**

**Net Claim / Payment Amount \$199,331.81**

**YTD Amount: \$2,957,735.03**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,876,295.56

**Gross Claim \$5,876,295.56**

**Net Claim / Payment Amount \$5,876,295.56**

**YTD Amount: \$87,193,937.98**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 493,580.63

**Gross Claim \$493,580.63**

**Net Claim / Payment Amount \$493,580.63**

**YTD Amount: \$7,323,872.43**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 103,547.35

**Gross Claim \$103,547.35**

**Net Claim / Payment Amount \$103,547.35**

**YTD Amount: \$1,536,461.36**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,769,106.12

**Gross Claim \$3,769,106.12**

**Net Claim / Payment Amount \$3,769,106.12**

**YTD Amount: \$55,926,935.98**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,323,138.55

**Gross Claim** **\$2,323,138.55**

**Net Claim / Payment Amount** **\$2,323,138.55**

**YTD Amount:** **\$34,471,308.84**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 144,507.27

**Gross Claim** **\$144,507.27**

**Net Claim / Payment Amount** **\$144,507.27**

**YTD Amount:** **\$2,144,234.83**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      3,814,892.63

**Gross Claim**      **\$3,814,892.63**

**Net Claim / Payment Amount**      **\$3,814,892.63**

**YTD Amount:**      **\$56,606,327.65**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      5,924,492.12

**Gross Claim**      **\$5,924,492.12**

**Net Claim / Payment Amount**      **\$5,924,492.12**

**YTD Amount:**      **\$87,909,090.52**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,342,152.76

**Gross Claim** **\$1,342,152.76**

**Net Claim / Payment Amount** **\$1,342,152.76**

**YTD Amount:** **\$19,915,197.11**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      1,221,135.84

**Gross Claim**      **\$1,221,135.84**

**Net Claim / Payment Amount**      **\$1,221,135.84**

**YTD Amount:**      **\$18,119,517.90**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      492,557.77

**Gross Claim**      **\$492,557.77**

**Net Claim / Payment Amount**      **\$492,557.77**

**YTD Amount:**      **\$7,308,694.98**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,179,531.84

**Gross Claim** **\$1,179,531.84**

**Net Claim / Payment Amount** **\$1,179,531.84**

**YTD Amount:** **\$17,502,187.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      839,607.11

**Gross Claim**      **\$839,607.11**

**Net Claim / Payment Amount**      **\$839,607.11**

**YTD Amount:**      **\$12,458,299.48**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,322,764.97

**Gross Claim \$3,322,764.97**

**Net Claim / Payment Amount \$3,322,764.97**

**YTD Amount: \$49,304,014.69**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      533,598.65

**Gross Claim**      **\$533,598.65**

**Net Claim / Payment Amount**      **\$533,598.65**

**YTD Amount:**      **\$7,917,669.78**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      350,927.53

**Gross Claim**      **\$350,927.53**

**Net Claim / Payment Amount**      **\$350,927.53**

**YTD Amount:**      **\$5,207,150.08**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 67,356.20

**Gross Claim \$67,356.20**

**Net Claim / Payment Amount \$67,356.20**

**YTD Amount: \$999,448.04**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To**   05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      125,198.72

**Gross Claim**      **\$125,198.72**

**Net Claim / Payment Amount**      **\$125,198.72**

**YTD Amount:**      **\$1,857,729.75**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**SOLANO COUNTY T TC**

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 731,692.18

**Gross Claim** **\$731,692.18**

**Net Claim / Payment Amount** **\$731,692.18**

**YTD Amount:** **\$10,857,030.99**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 822,131.03

**Gross Claim \$822,131.03**

**Net Claim / Payment Amount \$822,131.03**

**YTD Amount: \$12,198,985.12**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 931,832.88

**Gross Claim \$931,832.88**

**Net Claim / Payment Amount \$931,832.88**

**YTD Amount: \$13,826,768.54**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 345,573.96

**Gross Claim \$345,573.96**

**Net Claim / Payment Amount \$345,573.96**

**YTD Amount: \$5,127,712.51**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 145,040.74

**Gross Claim \$145,040.74**

**Net Claim / Payment Amount \$145,040.74**

**YTD Amount: \$2,152,150.70**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

TRI CITY MENTAL HEALTH  
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 402,994.32

**Gross Claim \$402,994.32**

**Net Claim / Payment Amount \$402,994.32**

**YTD Amount: \$5,979,730.20**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 74,474.29

**Gross Claim** **\$74,474.29**

**Net Claim / Payment Amount** **\$74,474.29**

**YTD Amount:** **\$1,105,068.02**

For assistance, please call: John Bodolay at (916) 323-2154

6/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA

CA 93291

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

**Collection Period:** 05/01/2014      **To**    05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period      882,279.50

**Gross Claim**      **\$882,279.50**

**Net Claim / Payment Amount**      **\$882,279.50**

**YTD Amount:**      **\$13,091,483.11**

For assistance, please call: John Bodolay at (916) 323-2154

6/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2013**

**Collection Period:** 05/01/2014      **To** 05/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 138,605.04

**Gross Claim** **\$138,605.04**

**Net Claim / Payment Amount** **\$138,605.04**

**YTD Amount:** **\$2,056,656.15**

For assistance, please call: John Bodolay at (916) 323-2154

6/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,505,085.95

**Gross Claim \$1,505,085.95**

**Net Claim / Payment Amount \$1,505,085.95**

**YTD Amount: \$22,332,840.42**

For assistance, please call: John Bodolay at (916) 323-2154

6/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300402A

PAYMENT ISSUE DATE: 06/13/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 05/01/2014 To 05/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 392,784.52

**Gross Claim \$392,784.52**

**Net Claim / Payment Amount \$392,784.52**

**YTD Amount: \$5,828,234.64**

For assistance, please call: John Bodolay at (916) 323-2154

6/9/2014

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